



# ***FSA SOLUTION LIFE CYCLE (SLC)***

## ***Formal Signoff Document***



**Phase Name:**        **Vision**

**Deliverable Name:**    SLC Security Checklist – Vision Phase

**Responsible:**        \_\_\_\_\_  
                                  (System Manager Name)

\_\_\_\_\_  
(System Manager Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(SSO Name)

\_\_\_\_\_  
(SSO Signature)

\_\_\_\_\_  
(Date)